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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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| | | |
|--|-------------------------------|-----------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Attorney Docket Number | STRATALOC-001 |
| | First Named Inventor | BRUCE L. TAYLOR |
| | COMPLETE IF KNOWN | |
| | Application Number | N/A / |
| | Filing Date | Filed Herewith |
| | Group Art Unit | N/A |
| | Examiner Name | N/A |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DRILLING ASSEMBLY AND METHOD

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |


☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|---|
| 60/442,737 | JAN. 27, 2003 | |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

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or Bar Code Label



OR ☐

Correspondence address below

Name **Kenneth L. Nash**

26604

PATENT TRADEMARK OFFICE

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Address

City **Houston**

State **TX**

ZIP **77268-0106**

Country **US**

Telephone **(281) 583-1024**

Fax **(281) 397-6929**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Bruce L.**

Family Name
or Surname **Taylor**

Inventor's
Signature *Bruce L. Taylor*

Date **12-8-03**

Residence: City **SPRING**

State **TX**

Country **HARRIS**

Citizenship **USA**

Mailing Address **2301 CRESCENT HOLLOW B.**

Mailing Address

City **SPRING**

State **TX**

ZIP **77388**

Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) **Richard A.**

Family Name
or Surname **Nichols**

Inventor's
Signature *Richard A. Nichols*

Date **12/8/03**

Residence: City

State

Country

Citizenship **USA**

Mailing Address **2302 CRESCENT HOLLOW CT**

Mailing Address

City **SPRING**

State **TEXAS**

ZIP **77388**

Country

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (3-87)
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| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u> |
|--------------------|---|

| | | | | | | | |
|--|-------------------------|---|----|------------------------|-------|-------------|----------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle (if any)) | | | | Family Name or Surname | | | |
| Larry G. | | | | Palmer | | | |
| Inventor's Signature | <i>Larry G. Palmer</i> | | | | | Date | 12-08-03 |
| Residence: City | Spring | State | TX | Country | USA | Citizenship | USA |
| Post Office Address | 4545 LOUETTA Rd. # 3602 | | | | | | |
| Post Office Address | | | | | | | |
| City | Spring | State | TX | ZIP | 77388 | Country | USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle (if any)) | | | | Family Name or Surname | | | |
| Marvin | | | | Gregory | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | Spring | State | TX | Country | US | Citizenship | US |
| Post Office Address | 3334 Pinecandle | | | | | | |
| Post Office Address | | | | | | | |
| City | Spring | State | TX | ZIP | 77388 | Country | US |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | | |
| Given Name (first and middle (if any)) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |

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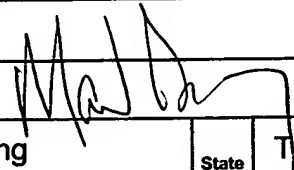
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PTO/SB/02A (3-97)
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| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>1</u> |
|--------------------|---|

| | | | | | | | |
|---|---|-------|----|---|-------|-------------|---------|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Larry G. | | | | Palmer | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Marvin | | | | Gregory | | | |
| Inventor's Signature |  | | | | | Date | 1-15-04 |
| Residence: City | Spring | State | TX | Country | US | Citizenship | US |
| Post Office Address | 3334 Pinecandle | | | | | | |
| Post Office Address | | | | | | | |
| City | Spring | State | TX | ZIP | 77388 | Country | US |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | | | Date | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |

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PTO/SB/81 (10-00)

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| POWER OF ATTORNEY OR AUTHORIZATION OF AGENT | Application Number | N/A |
| | Filing Date | HEREWITH |
| | First Named Inventor | BRUCE L. TAYLOR |
| | Group Art Unit | N/A |
| | Examiner Name | N/A |
| | Attorney Docket Number | STRATALOC-001 |

I hereby appoint:

☒ Practitioners at Customer Number

26604



☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
| | |
| | |
| | |
| | |

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|------------------------------------|
| Name | STRATALOC TECHNOLOGY PRODUCTS, LLC |
| Signature | <i>Bruce L. Taylor</i> |
| Date | 1-15-04 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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